

## **2011 DRAFTING REQUEST**

### **Bill**

Received: **09/28/2010**

Received By: **tdodge**

Wanted: **As time permits**

Companion to LRB:

For: **Administration-Budget**

By/Representing: **Skwarczek**

May Contact:

Drafter: **tdodge**

Subject: **Health - medical assistance**

Addl. Drafters:

Extra Copies:

Submit via email: **YES**

Requester's email:

Carbon copy (CC:) to:

---

#### **Pre Topic:**

DOA:.....Skwarczek, BB0001 -

---

#### **Topic:**

Claim federal funding for certain services and make reimbursements to counties; sunset certain payments

---

#### **Instructions:**

See attached.

---

#### **Drafting History:**

<u>Vers.</u>	<u>Drafted</u>	<u>Reviewed</u>	<u>Typed</u>	<u>Proofed</u>	<u>Submitted</u>	<u>Jacketed</u>	<u>Required</u>
/?							
/P1	tdodge 10/26/2010	wjackson 10/27/2010	rschluet 10/28/2010	_____	cduerst 10/28/2010		
/P2	tdodge 12/06/2010	wjackson 12/07/2010	jfrantze 12/07/2010	_____	mbarman 12/07/2010		
/1	tdodge 12/29/2010	wjackson 01/05/2011	phenry 01/05/2011	_____	lparisi 01/05/2011		
/2	tdodge	wjackson	rschluet	_____	lparisi		

<u>Vers.</u>	<u>Drafted</u>	<u>Reviewed</u>	<u>Typed</u>	<u>Proofed</u>	<u>Submitted</u>	<u>Jacketed</u>	<u>Required</u>
	01/27/2011	02/02/2011	02/03/2011	_____	02/03/2011		
/3	tdodge 02/07/2011	wjackson 02/10/2011	rschluet 02/11/2011	_____ _____	mbarman 02/11/2011		
/4	tdodge 02/21/2011	wjackson 02/21/2011	mduchek 02/21/2011	_____ _____	lparisi 02/21/2011		

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&lt;END&gt;

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/2	tdodge	wjackson	rschluet	_____	lparisi		

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/3	tdodge 02/07/2011	wjackson 02/10/2011	rschluet 02/11/2011	_____ _____	mbarman 02/11/2011		

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1/4 w/ij 2/21

W  
2/21

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## **Pre Topic:**

DOA:.....Skwarczek, BB0001 -

## **Topic:**

Claim federal funding for certain services and make reimbursements to counties; sunset certain payments;

repeal payments to cities (change made on request)

## **Instructions:**

See attached.

## **Drafting History:**

<u>Vers.</u>	<u>Drafted</u>	<u>Reviewed</u>	<u>Typed</u>	<u>Proofed</u>	<u>Submitted</u>	<u>Jacketed</u>	<u>Required</u>
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2/11 2/11 phl JRE

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/2	tdodge 01/27/2011	wjackson 02/02/2011	rschluet 02/03/2011	_____	lparisi 02/03/2011		

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13 WJ 2/10

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Extra Copies:

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Requester's email:

Carbon copy (CC:) to:

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**Pre Topic:**

DOA:.....Skwarczek, BB0001 -

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**Topic:**

Claim federal funding for certain services and make reimbursements to counties; sunset certain payments; repeal payments to cities

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**Instructions:**

See attached.

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1/2 WLj 2/2

22 11

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Requester's email:

Carbon copy (CC:) to:

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**Pre Topic:**

DOA:.....Skwarczek, BB0001 -

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**Topic:**

Claim federal funding for certain services and make reimbursements to counties; sunset certain payments; repeal payments to cities

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**Instructions:**

See attached.

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<u>Vers.</u>	<u>Drafted</u>	<u>Reviewed</u>	<u>Typed</u>	<u>Proofed</u>	<u>Submitted</u>	<u>Jacketed</u>	<u>Required</u>
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FE Sent For:

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**Pre Topic:**

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**Topic:**

Claim federal funding for certain services and make reimbursements to counties; sunset certain payments; repeal payments to cities

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**Instructions:**

See attached.

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/P1	tdodge 10/26/2010	wjackson 10/27/2010	rschluet 10/28/2010		cduerst 10/28/2010		

FE Sent For:

1/2 WJ 12/7

12/7

<END>

12/7

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**Topic:**

Claim federal funding for certain services and make reimbursements to counties; sunset certain payments; repeal payments to cities


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**Instructions:**

See attached.

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/?	tdodge	/pl WLj 10/27		_____			

FE Sent For:

<END>

## 2011-13 Budget Bill Statutory Language Drafting Request

- Topic: WIMCR Simplification
- Tracking Code: BB 001
- SBO team: HSI
- SBO analyst: Marta Skwarczek
  - Phone: 267-7980
  - Email: [marta.skwarczek@gmail.com](mailto:marta.skwarczek@gmail.com)
- Agency acronym: DHS
- Agency number: 435
- Priority (Low, Medium, High): High

### Intent:

Starting January 1, 2012, authorize DHS to claim federal funding for services listed under current law s. 49.45(52) based on certified cost reports submitted by counties. Require counties to submit cost reports for those services to DHS. Require DHS to pay counties, on a statewide basis, a percentage of the claim for federal funding as established in the most recent biennial budget. Indicate the funds will be distributed based on an allocation methodology established by DHS.

Sunset s. 49.45(52), s. 49.45(53), s. 46.40(9)(d), and WIMCR provisions in s. 20.435(7)(b) for dates of service beginning January 1, 2012. Retain this language for dates of service prior to January 1, 2012.

Repeal s. 49.45(6tw)



State of Wisconsin  
2011 - 2012 LEGISLATURE



LRB-01747

TJD:Y:...

Wlj  
RMR

In: 10/26/10

DOA:.....Skwarczek, BB0001 - Claim federal funding for certain services and make reimbursements to counties; sunset certain payments; repeal payments to cities

**FOR 2011-13 BUDGET -- NOT READY FOR INTRODUCTION**

D-note

1 AN ACT <sup>Do Not Gen</sup> relating to: the budget.

heading

HEALTH AND HUMAN SERVICES  
MEDICAL ASSISTANCE

*Analysis by the Legislative Reference Bureau*

This is a preliminary draft. An analysis will be provided in a subsequent version of this draft.

*The people of the state of Wisconsin, represented in senate and assembly, do enact as follows:*

2 SECTION 1. 20.435 (7) (b) of the statutes is amended to read:

3 20.435 (7) (b) *Community aids and Medical Assistance payments.* The  
4 amounts in the schedule for human services under s. 46.40, to fund services provided  
5 by resource centers under s. 46.283 (5), for services under the family care benefit  
6 under s. 46.284 (5), for Medical Assistance payment adjustments under s. 49.45 (52)  
7 (a) for services described in s. 49.45 (52) (a) that are provided before January 1, 2012,

and for Medical Assistance payments under s. 49.45 ~~(6tw)~~ and (53) for services described in s. 49.45 (53) that are provided before January 1, 2012. Social services disbursements under s. 46.03 (20) (b) may be made from this appropriation. Refunds received relating to payments made under s. 46.03 (20) (b) for the provision of services for which moneys are appropriated under this paragraph shall be returned to this appropriation. Notwithstanding ss. 20.001 (3) (a) and 20.002 (1), the department of health services may transfer funds between fiscal years under this paragraph. The department shall deposit into this appropriation funds it recovers under ss. 46.495 (2) (b) and 51.423 (15), from prior year audit adjustments including those resulting from audits of services under s. 46.26, 1993 stats., or s. 46.27. Except for amounts authorized to be carried forward under s. 46.45, all funds recovered under ss. 46.495 (2) (b) and 51.423 (15) and all funds allocated under s. 46.40 and not spent or encumbered by December 31 of each year shall lapse to the general fund on the succeeding January 1 unless carried forward to the next calendar year by the joint committee on finance.

**History:** 1971 c. 125 ss. 138 to 155, 522 (1); 1971 c. 211, 215, 302, 307, 322; 1973 c. 90, 198, 243; 1973 c. 284 s. 32; 1973 c. 308, 321, 322, 333, 336; 1975 c. 39 ss. 153 to 173, 732 (1), (2); 1975 c. 41 s. 52; 1975 c. 82, 224, 292; 1975 c. 413 s. 18; 1975 c. 422, 423; 1975 c. 430 ss. 1, 2, 80; 1977 c. 29 ss. 236 to 273, 1657 (18); 1977 c. 112; 1977 c. 203 s. 106; 1977 c. 213, 233, 327; 1977 c. 354 s. 101; 1977 c. 359; 1977 c. 418 ss. 129 to 137, 924 (18) (d), 929 (55); 1977 c. 428 s. 115; 1977 c. 447; 1979 c. 32 s. 92 (11); 1979 c. 34, 48; 1979 c. 102 s. 237; 1979 c. 111, 175, 177; 1979 c. 221 ss. 118g to 133, 2202 (20); 1979 c. 238, 300, 331, 361; 1981 c. 20 ss. 301 to 356b, 2202 (20) (b), (d), (g); 1981 c. 93 ss. 3 to 8, 186; 1981 c. 298, 314, 317, 359, 390; 1983 a. 27 ss. 318 to 410, 2202 (20); 1983 a. 192, 199, 245; 1983 a. 333 s. 6; 1983 a. 363, 398, 410, 427; 1983 a. 435 ss. 2, 3, 7; 1983 a. 538; 1985 a. 24, 29, 56, 73, 120, 154, 176, 255, 281, 285, 332; 1987 a. 27, 339, 368, 398, 399, 402; 1987 a. 403 ss. 25, 256; 1987 a. 413; 1989 a. 31, 53; 1989 a. 56 ss. 13, 259; 1989 a. 102; 1989 a. 107 ss. 11, 13, 17 to 37; 1989 a. 120, 122, 173, 199, 202, 318, 336, 359; 1991 a. 6, 39, 189, 269, 275, 290, 315, 322; 1993 a. 16, 27, 76, 98, 99, 168, 183, 377, 437, 445, 446, 450, 469, 479, 490, 491; 1995 a. 27 ss. 806 to 961r, 9126 (19); 1995 a. 77, 98; 1995 a. 216 ss. 26, 27; 1995 a. 266, 276, 289, 303, 404, 417, 440, 448, 464, 468; 1997 a. 27 ss. 211, 214, 216, 217, 527 to 609; 1997 a. 35, 105, 231, 237, 280, 293; 1999 a. 5, 9, 32, 52, 84, 103, 109, 113, 133, 185, 186; 2001 a. 16, 69, 103, 105; 2003 a. 33, 139, 186, 318, 320, 326, 327; 2005 a. 15, 22; 2005 a. 25 ss. 299 to 331, 2498 to 2500, 2510; 2005 a. 74, 107, 199, 228, 264, 388, 406, 434; 2007 a. 20 ss. 331 to 422, 9121 (6) (a); 2007 a. 39, 88, 107, 111, 130; 2009 a. 2, 15; 2009 a. 28 ss. 325 to 470, 485, 488, 490; 2009 a. 76, 180, 190, 219, 274, 276, 279, 318, 334.

\*\*\*\*NOTE: I believe that the language added to the appropriation under s. 20.435

(7) (b) in combination with the language added to the statutory sections is sufficient to cease the operation of the current WIMCR procedure for services provided on and after January 1, 2012. Please advise if you feel additional language is necessary or if other language needs to be eliminated from this appropriation.

**SECTION 2.** 46.40 (9) (d) of the statutes is amended to read:

46.40 (9) (d) *Payment adjustments for certain Medical Assistance services.* The department may decrease a county's allocation under sub. (2) by the amount of any payment adjustments under s. 49.45 (52) (a) made for that county from the

appropriation account under s. 20.435 (7) (b) for services described under s. 49.45 (52)  
(a) that are provided before January 1, 2012. The total amount of the decrease for  
 a county under this paragraph during any fiscal year may not exceed that part of the  
 county's allocation under sub. (2) that derives from the appropriation account under  
 s. 20.435 (7) (b) for that fiscal year.

**History:** 1987 a. 27, 399, 405; 1989 a. 31, 122, 336; 1991 a. 6, 39, 189, 269, 275, 315; 1993 a. 16, 437, 446; 1995 a. 27, 275, 303, 404; 1997 a. 27, 35, 237, 292; 1999 a. 9, 185; 2001 a. 16; 2003 a. 33, 318; 2005 a. 25 ss. 879, 2501, 2510; 2007 a. 20 ss. 1096 to 1104g, 9121 (6) (a); 2009 a. 28, 180.

**SECTION 3.** 49.45 (6tw) of the statutes is repealed.

\*\*\*\*NOTE: As drafted, this repeal will be effective on the effective date of the budget  
 and not January 1, 2012. Is that okay?

**SECTION 4.** 49.45 (52) of the statutes is renumbered 49.45 (52) (a) and amended

to read:

**49.45 (52) (a) PAYMENT ADJUSTMENTS; FEDERAL FUNDING FOR CERTAIN SERVICES.**

Beginning on January 1, 2003, the department may, from the appropriation account  
 under s. 20.435 (7) (b), make Medical Assistance payment adjustments to county  
 departments under s. 46.215, 46.22, 46.23, or 51.42, or 51.437 or to local health  
 departments, as defined in s. 250.01 (4), as appropriate, for covered services under  
 s. 49.46 (2) (a) 2. and 4. d. and f. and (b) 6. b., c., f., fm., g., j., k., L., Lm., and m., 9.,  
 12., 12m., 13., 15., and 16., except for services specified under s. 49.46 (2) (b) 6. b. and  
 c. provided to children participating in the early intervention program under s.  
 51.44, that are provided before January 1, 2012. Payment adjustments under this  
~~subsection~~ <sup>paragraph</sup> shall include the state share of the payments. The total of any payment  
 adjustments under this ~~subsection~~ <sup>paragraph</sup> and Medical Assistance payments made from  
 appropriation accounts under s. 20.435 (4) (b), (o), and (w), may not exceed applicable  
 limitations on payments under 42 USC 1396a (a) (30) (A).

**History:** 1971 c. 40 s. 93; 1971 c. 42, 125; 1971 c. 213 s. 5; 1971 c. 215, 217, 307; 1973 c. 62, 90, 147; 1973 c. 333 ss. 106g, 106h, 106j, 201w; 1975 c. 39; 1975 c. 223 s. 28; 1975 c. 224 ss. 54h, 56 to 59m; 1975 c. 383 s. 4; 1975 c. 411; 1977 c. 29, 418; 1979 c. 34 ss. 837f to 838, 2102 (20) (a); 1979 c. 102, 177, 221, 355; 1981 c. 20 ss. 839 to 854, 2202 (20) (r); 1981 c. 93, 317; 1983 a. 27 ss. 1046 to 1062m, 2200 (42); 1983 a. 245, 447, 527; 1985 a. 29 ss. 1026m to 1031d, 3200 (23), (56), 3202 (27); 1985 a. 120, 176, 269; 1985 a. 332 ss. 91, 251 (5), 253; 1985 a. 340; 1987 a. 27 ss. 989r to 1000s, 2247, 3202 (24); 1987 a. 186, 307, 339, 399; 1987 a. 403 s. 256; 1987 a. 413; 1989 a. 6; 1989 a. 31 ss. 1402 to 1452g, 2909g, 2909i; 1989 a. 107, 173, 310, 336, 351, 359; 1991 a. 22, 39, 80, 250, 269, 315, 316; 1993 a. 16 ss. 1362g to 1403, 3883; 1993 a. 27, 107, 112, 183, 212, 246, 269, 335, 356, 437, 446, 469; 1995 a. 20; 1995 a. 27 ss. 2947 to 3002r, 7299, 9126 (19), 9130 (4), 9145 (1); 1995 a. 191, 216, 225, 289, 303, 398, 417, 457; 1997 a. 3, 13, 27, 114, 175, 191, 237, 252, 293; 1999 a. 9, 63, 103, 180, 185; 2001 a. 13, 16, 35, 38, 57, 67, 104, 109; 2003 a. 33, 318, 321; 2005 a. 22; 2005 a. 25 ss. 1120 to

1149f, 2503 to 2510; 2005 a. 107, 165, 253, 254, 264, 301, 340, 386, 441; 2007 a. 20 ss. 1513 to 1559h, 9121 (6) (a); 2007 a. 90, 97, 104, 141, 153; 2009 a. 2, 28, 113, 177, 180, 190, 221, 334, 342.

\*\*\*\*NOTE: The amendment to this section means that for services provided on or after January 1, 2012, the department can no longer use the payment procedure described in this paragraph. Is this the intent of the request?

1       **SECTION 5.** 49.45 (52) (b) of the statutes is created to read:

2       49.45 (52) (b) 1. The department may claim federal medical assistance funds  
3       for covered services under s. 49.46 (2) (a) 2. and 4. d. and f. and (b) 6. b., c., f., fm., g.,  
4       j., k., L., Lm., and m., 9., 12., 12m., 13., 15., and 16., except for services specified under  
5       s. 49.46 (2) (b) 6. b. and c. provided to children participating in the early intervention  
6       program under s. 51.44, that are provided after December 31, 2011.

7       2. A county shall submit a certified cost report on those covered services  
8       described under subd. 1. to the department.

9       3. The department shall base the amount of a claim for federal medical  
10       assistance funds on the certified cost report submitted by a county under subd. 2.

11       4. The department shall pay counties, on a statewide basis, under an allocation  
12       method established by the department, a percentage of the claims based on the  
13       percentage of the federal share as established in the most recent biennial budget.

\*\*\*\*NOTE: Is there a specific time <sup>when</sup> ~~period in which~~ the county should be required to  
submit the cost report, such as annually or by March 1 of each year. (?) \*

\*\*\*\*NOTE: Please review the language under subd. 4. carefully. Is the percentage  
of the federal share, or the federal medical assistance percentage, what you are referring  
to as being established in the most recent biennial budget? Perhaps the language in subd.  
4 could be further clarified. (?) \*

\*\*\*\*NOTE: You may want to confirm with DHS that this provision does not conflict  
in some way with s. 49.45 (30), which pertains to county payments for certain services.

14       **SECTION 6.** 49.45 (53) of the statutes is amended to read:

15       49.45 (53) PAYMENTS FOR CERTAIN SERVICES. Beginning on January 1, 2003, the  
16       department may, from the appropriation account under s. 20.435 (7) (b), make



- 1 Medical Assistance payments to providers for covered services under ss. 49.46 (2) (a)
- 2 4. d. and (b) 6. j. and m. and 49.471 (11) (f) that are provided before January 1, 2012.

**History:** 1971 c. 40 s. 93; 1971 c. 42, 125; 1971 c. 213 s. 5; 1971 c. 215, 217, 307; 1973 c. 62, 90, 147; 1973 c. 333 ss. 106g, 106h, 106j, 201w; 1975 c. 39; 1975 c. 223 s. 28; 1975 c. 224 ss. 54h, 56 to 59m; 1975 c. 383 s. 4; 1975 c. 411; 1977 c. 29, 418; 1979 c. 34 ss. 837f to 838, 2102 (20) (a); 1979 c. 102, 177, 221, 355; 1981 c. 20 ss. 839 to 854, 2202 (20) (r); 1981 c. 93, 317; 1983 a. 27 ss. 1046 to 1062m, 2200 (42); 1983 a. 245, 447, 527; 1985 a. 29 ss. 1026m to 1031d, 3200 (23), (56), 3202 (27); 1985 a. 120, 176, 269; 1985 a. 332 ss. 91, 251 (5), 253; 1985 a. 340; 1987 a. 27 ss. 989r to 1000s, 2247, 3202 (24); 1987 a. 186, 307, 339, 399; 1987 a. 403 s. 256; 1987 a. 413; 1989 a. 6; 1989 a. 31 ss. 1402 to 1452g, 2909g, 2909i; 1989 a. 107, 173, 310, 336, 351, 359; 1991 a. 22, 39, 80, 250, 269, 315, 316; 1993 a. 16 ss. 1362g to 1403, 3883; 1993 a. 27, 107, 112, 183, 212, 246, 269, 335, 356, 437, 446, 469; 1995 a. 20; 1995 a. 27 ss. 2947 to 3002r, 7299, 9126 (19), 9130 (4), 9145 (1); 1995 a. 191, 216, 225, 289, 303, 398, 417, 457; 1997 a. 3, 13, 27, 114, 175, 191, 237, 252, 293; 1999 a. 9, 63, 103, 180, 185; 2001 a. 13, 16, 35, 38, 57, 67, 104, 109; 2003 a. 33, 318, 321; 2005 a. 22; 2005 a. 25 ss. 1120 to 1149f, 2503 to 2510; 2005 a. 107, 165, 253, 254, 264, 301, 340, 386, 441; 2007 a. 20 ss. 1513 to 1559h, 9121 (6) (a); 2007 a. 90, 97, 104, 141, 153; 2009 a. 2, 28, 113, 177, 180, 190, 221, 334, 342.

3

(END)

D-note

**2011-2012 DRAFTING INSERT  
FROM THE  
LEGISLATIVE REFERENCE BUREAU**

LRB-0174/P1ins

TJD:.....

1           INSERT 3-7

2           SECTION ~~4~~ 49.45 (52) (title) of the statutes is amended to read:

3           49.45 (52) (title) PAYMENT ADJUSTMENTS; FEDERAL FUNDING FOR CERTAIN SERVICES.

**History:** 1971 c. 40 s. 93; 1971 c. 42, 125; 1971 c. 213 s. 5; 1971 c. 215, 217, 307; 1973 c. 62, 90, 147; 1973 c. 333 ss. 106g, 106h, 106j, 201w; 1975 c. 39; 1975 c. 223 s. 28; 1975 c. 224 ss. 54h, 56 to 59m; 1975 c. 383 s. 4; 1975 c. 411; 1977 c. 29, 418; 1979 c. 34 ss. 837f to 838, 2102 (20) (a); 1979 c. 102, 177, 221, 355; 1981 c. 20 ss. 839 to 854, 2202 (20) (r); 1981 c. 93, 317; 1983 a. 27 ss. 1046 to 1062m, 2200 (42); 1983 a. 245, 447, 527; 1985 a. 29 ss. 1026m to 1031d, 3200 (23), (56), 3202 (27); 1985 a. 120, 176, 269; 1985 a. 332 ss. 91, 251 (5), 253; 1985 a. 340; 1987 a. 27 ss. 989r to 1000s, 2247, 3202 (24); 1987 a. 186, 307, 339, 399; 1987 a. 403 s. 256; 1987 a. 413; 1989 a. 6; 1989 a. 31 ss. 1402 to 1452g, 2909g, 2909i; 1989 a. 107, 173, 310, 336, 351, 359; 1991 a. 22, 39, 80, 250, 269, 315, 316; 1993 a. 16 ss. 1362g to 1403, 3883; 1993 a. 27, 107, 112, 183, 212, 246, 269, 335, 356, 437, 446, 469; 1995 a. 20; 1995 a. 27 ss. 2947 to 3002r, 7299, 9126 (19), 9130 (4), 9145 (1); 1995 a. 191, 216, 225, 289, 303, 398, 417, 457; 1997 a. 3, 13, 27, 114, 175, 191, 237, 252, 293; 1999 a. 9, 63, 103, 180, 185; 2001 a. 13, 16, 35, 38, 57, 67, 104, 109; 2003 a. 33, 318, 321; 2005 a. 22; 2005 a. 25 ss. 1120 to 1149f, 2503 to 2510; 2005 a. 107, 165, 253, 254, 264, 301, 340, 386, 441; 2007 a. 20 ss. 1513 to 1559h, 9121 (6) (a); 2007 a. 90, 97, 104, 141, 153; 2009 a. 2, 28, 113, 177, 180, 190, 221, 334, 342.

**DRAFTER'S NOTE**  
**FROM THE**  
**LEGISLATIVE REFERENCE BUREAU**

LRB-0174/P1dn

TJD:|:....

Wlj

Date

To Marta Skwarczek:

Please review this preliminary draft to ensure it complies with the intent of the request. Also, please review the notes embedded in the draft.

It is my understanding from the request that claims for services provided before January 1, 2012, may not be processed until after January 1, 2012, and will still be processed under the current statutory procedure. Under that assumption, I did not repeal the applicable provisions with a delayed effective date, but instead I included the dates within the statutory language. This way the current procedure will remain in the statutes for the outstanding claims.

Tamara J. Dodge  
Legislative Attorney  
Phone: (608) 267-7380  
E-mail: [tamara.dodge@legis.wisconsin.gov](mailto:tamara.dodge@legis.wisconsin.gov)

**DRAFTER'S NOTE**  
**FROM THE**  
**LEGISLATIVE REFERENCE BUREAU**

LRB-0174/P1dn  
TJD:wlj:rs

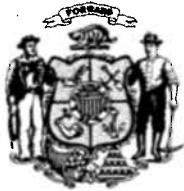
October 28, 2010

To Marta Skwarczek:

Please review this preliminary draft to ensure it complies with the intent of the request. Also, please review the notes embedded in the draft.

It is my understanding from the request that claims for services provided before January 1, 2012, may not be processed until after January 1, 2012, and will still be processed under the current statutory procedure. Under that assumption, I did not repeal the applicable provisions with a delayed effective date, but instead I included the dates within the statutory language. This way the current procedure will remain in the statutes for the outstanding claims.

Tamara J. Dodge  
Legislative Attorney  
Phone: (608) 267-7380  
E-mail: [tamara.dodge@legis.wisconsin.gov](mailto:tamara.dodge@legis.wisconsin.gov)



State of Wisconsin  
2011 - 2012 LEGISLATURE



LRB-0174/ED

TJD:wjl:rs

In 12/6/10

RMR

DOA:.....Skwarczek, BB0001 - Claim federal funding for certain services  
and make reimbursements to counties; sunset certain payments;  
repeal payments to cities

**FOR 2011-13 BUDGET -- NOT READY FOR INTRODUCTION**

D-note

Do Not Gen

1 AN ACT ..., relating to: the budget.

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*Analysis by the Legislative Reference Bureau*

**HEALTH AND HUMAN SERVICES**

**MEDICAL ASSISTANCE**

This is a preliminary draft. An analysis will be provided in a subsequent version of this draft.

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*The people of the state of Wisconsin, represented in senate and assembly, do enact as follows:*

2 SECTION 1. 20.435 (7) (b) of the statutes is amended to read:

3 20.435 (7) (b) *Community aids and Medical Assistance payments.* The  
4 amounts in the schedule for human services under s. 46.40, to fund services provided  
5 by resource centers under s. 46.283 (5), for services under the family care benefit  
6 under s. 46.284 (5), for Medical Assistance payment adjustments under s. 49.45 (52)

1 (a) for services described in s. 49.45 (52) (a) that are provided before January 1, 2012,  
2 and for Medical Assistance payments under s. 49.45 ~~(6tw)~~ and (53) for services  
3 described in s. 49.45 (53) that are provided before January 1, 2012. Social services  
4 disbursements under s. 46.03 (20) (b) may be made from this appropriation. Refunds  
5 received relating to payments made under s. 46.03 (20) (b) for the provision of  
6 services for which moneys are appropriated under this paragraph shall be returned  
7 to this appropriation. Notwithstanding ss. 20.001 (3) (a) and 20.002 (1), the  
8 department of health services may transfer funds between fiscal years under this  
9 paragraph. The department shall deposit into this appropriation funds it recovers  
10 under ss. 46.495 (2) (b) and 51.423 (15), from prior year audit adjustments including  
11 those resulting from audits of services under s. 46.26, 1993 stats., or s. 46.27. Except  
12 for amounts authorized to be carried forward under s. 46.45, all funds recovered  
13 under ss. 46.495 (2) (b) and 51.423 (15) and all funds allocated under s. 46.40 and not  
14 spent or encumbered by December 31 of each year shall lapse to the general fund on  
15 the succeeding January 1 unless carried forward to the next calendar year by the  
16 joint committee on finance.

\*\*\*\*NOTE: I believe that the language added to the appropriation under s. 20.435 (7) (b) in combination with the language added to the statutory sections is sufficient to cease the operation of the current WIMCR procedure for services provided on and after January 1, 2012. Please advise if you feel additional language is necessary or if other language needs to be eliminated from this appropriation.

17 **SECTION 2.** 46.40 (9) (d) of the statutes is amended to read:

18 46.40 (9) (d) *Payment adjustments for certain Medical Assistance services.* The  
19 department may decrease a county's allocation under sub. (2) by the amount of any  
20 payment adjustments under s. 49.45 (52) (a) made for that county from the  
21 appropriation account under s. 20.435 (7) (b) for services described under s. 49.45 (52)  
22 (a) that are provided before January 1, 2012. The total amount of the decrease for

1 a county under this paragraph during any fiscal year may not exceed that part of the  
2 county's allocation under sub. (2) that derives from the appropriation account under  
3 s. 20.435 (7) (b) for that fiscal year.

4 **SECTION 3.** 49.45 (6tw) of the statutes is repealed.

\*\*\*\*NOTE: As drafted, this repeal will be effective on the effective date of the budget  
and not January 1, 2012. Is that okay?

5 **SECTION 4.** 49.45 (52) (title) of the statutes is amended to read:

6 49.45 (52) (title) PAYMENT ADJUSTMENTS; FEDERAL FUNDING FOR CERTAIN SERVICES.

7 **SECTION 5.** 49.45 (52) of the statutes is renumbered 49.45 (52) (a) and amended  
8 to read:

9 49.45 (52) (a) Beginning on January 1, 2003, the department may, from the  
10 appropriation account under s. 20.435 (7) (b), make Medical Assistance payment  
11 adjustments to county departments under s. 46.215, 46.22, 46.23, or 51.42, or 51.437  
12 or to local health departments, as defined in s. 250.01 (4), as appropriate, for covered  
13 services under s. 49.46 (2) (a) 2. and 4. d. and f. and (b) 6. b., c., f., fm., g., j., k., L.,  
14 Lm., and m., 9., 12., 12m., 13., 15., and 16., except for services specified under s. 49.46  
15 (2) (b) 6. b. and c. provided to children participating in the early intervention program  
16 under s. 51.44, that are provided before January 1, 2012. Payment adjustments  
17 under this ~~subsection~~ paragraph shall include the state share of the payments. The  
18 total of any payment adjustments under this ~~subsection~~ paragraph and Medical  
19 Assistance payments made from appropriation accounts under s. 20.435 (4) (b), (o),  
20 and (w), may not exceed applicable limitations on payments under 42 USC 1396a (a)  
21 (30) (A).

\*\*\*\*NOTE: The amendment to this section means that for services provided on or  
after January 1, 2012, the department can no longer use the payment procedure  
described in this paragraph. Is this the intent of the request?

22 **SECTION 6.** 49.45 (52) (b) of the statutes is created to read:

Insert 4-1 ✓

1 49.45 (52) (b) 1. The department may claim federal medical assistance funds  
2 for covered services under s. 49.46 (2) (a) 2. and 4. d. and f. and (b) 6. b., c., f., fm., g.,  
3 j., k., L., Lm., and m., 9., 12., 12m., 13., 15., and 16., except for services specified under  
4 s. 49.46 (2) (b) 6. b. and c. provided to children participating in the early intervention  
5 program under s. 51.44, that are provided after December 31, 2011.

6 2. A county shall submit a certified cost report on those covered services  
7 described under subd. 1. to the department.

8 3. The department shall base the amount of a claim for federal medical  
9 assistance funds on the certified cost report submitted by a county under subd. 2.

10 4. The department shall pay counties, on a statewide basis, under an allocation  
11 method established by the department, a percentage of the claims based on the  
12 percentage of the federal share as established in the most recent biennial budget.

\*\*\*\*NOTE: Is there a specific time when the county should be required to submit the  
cost report, such as annually or by March 1 of each year?

\*\*\*\*NOTE: Please review the language under subd. 4. carefully. Is the percentage  
of the federal share, or the federal medical assistance percentage, what you are referring  
to as being established in the most recent biennial budget? Perhaps the language in subd.  
4. could be further clarified.

\*\*\*\*NOTE: You may want to confirm with DHS that this provision does not conflict  
in some way with s. 49.45 (30), which pertains to county payments for certain services.

13 SECTION 7. 49.45 (53) of the statutes is amended to read:

14 49.45 (53) PAYMENTS FOR CERTAIN SERVICES. Beginning on January 1, 2003, the  
15 department may, from the appropriation account under s. 20.435 (7) (b), make  
16 Medical Assistance payments to providers for covered services under ss. 49.46 (2) (a)  
17 4. d. and (b) 6. j. and m. and 49.471 (11) (f) that are provided before January 1, 2012.

18 (END)



**2011-2012 DRAFTING INSERT  
FROM THE  
LEGISLATIVE REFERENCE BUREAU**

LRB-0174/P2ins  
TJD:.....

1           INSERT 4-1

2           <sup>Not</sup> Annually, a county shall submit a certified cost report that meets the  
3           requirements of the federal department of health and human services

(END INS 4-1)

4           INSERT 4-6

5           2. For services described under subd. 1. that are provided after December 30,  
6           2011, the department shall base the amount of a claim for federal medical assistance  
7           funds on the certified cost reports submitted by a county under subd. 1.

8           3. The department shall pay counties a percentage of the federal funds claimed  
9           under subd. <sup>9</sup>~~2~~ for services described under subd. 1. that are provided after December  
10          30, 2011, which percentage is established in the most recent biennial budget.

11          4. A local health department that submits certified cost reports for services  
12          described under subd. 1. that are provided before July 1, 2011 may continue to submit  
13          certified cost reports for services that are provided on or after July 1, 2011. The  
14          department may pay a county that submits a certified cost report for services that  
15          are provided before January 1, 2012, a percentage of the federal funds claimed for  
16          those services, which percentage is established in the most recent biennial budget.

(END INS. 4-6)

(END)

**DRAFTER'S NOTE  
FROM THE  
LEGISLATIVE REFERENCE BUREAU**

LRB-0174/P2dn

TJD:.../...

WLy

Date

To Marta Skwarczek:

Please review this preliminary draft to ensure it complies with the intent of the request. You may want to have DHS review the new s. 49.45 (52) (b) language to ensure that it is correct and that it is effective in accomplishing the change to the WIMCR procedure.

Tamara J. Dodge  
Legislative Attorney  
Phone: (608) 267-7380  
E-mail: [tamara.dodge@legis.wisconsin.gov](mailto:tamara.dodge@legis.wisconsin.gov)

**Dodge, Tamara**

---

**From:** Skwarczek, Marta A - DOA [Marta.Skwarczek@Wisconsin.gov]

**Sent:** Thursday, December 02, 2010 3:48 PM

**To:** Dodge, Tamara

**Subject:** RE: BB0001

Tami,

Regarding s. 49.45(52)(b)4, DHS has a couple of concerns about the original draft. First, draft uses the phrase "...shall pay counties...a percentage of the claims..." DHS is technically not paying counties a percentage of the claims, but rather a portion of the federal revenue received as the result of the statewide WIMCR certified public expenditure claim. Second, DHS thinks it may be confusing to use both "percentage of the claims" and "percentage of the federal share" in the same sentence and is concerned that the portion of federal funding DHS shares with counties may be confused with the FMAP.

Using very rough numbers, under the current system, counties would submit cost reports to DHS, and the reports would indicate they have costs of about \$55 million above the basic Medicaid reimbursement rate. DHS would make a Medicaid payment adjustment to counties of \$55 million, submit a claim to the feds based on the \$55 million payment, and receive about \$33 million in federal funding, assuming a 60% FMAP. In exchange for making the \$55 million payment to counties, DHS would reduce county Community Aids contracts. However, instead of reducing contracts by the full \$55 million, the reduction would be \$55 million less \$19.25 million, or a net reduction of \$35.75 million. The Community Aids reduction (\$35.75 million) is less than the additional Medicaid payment (\$55 million), allowing counties to share in some of the revenue gain realized by DHS, as Community Aids are 100% GPR and the Medicaid payment is only 40% GPR.

Using the same rough numbers, DHS proposes to simplify the process so that it works as follows: counties would submit cost reports to DHS, and the reports would indicate they have costs of about \$55 million above the basic Medicaid reimbursement rate. DHS would submit a certified public expenditure claim to the feds based on the \$55 million in unreimbursed costs, and would receive about \$33 million in federal funding, if the FMAP is 60%. In the Department's proposal, DHS would pass about 58% or about \$19-\$20 million of the \$33 million on to counties. The 58% represents the share of the WIMCR gain counties receive through the current, more complicated process, which involves adjustments and credits to their Community Aids allocations.

DHS's proposal is to eliminate the supplemental Medicaid payment and the Community Aids adjustments, and just send counties a portion of the \$33 million claimed through the CPE.

Regarding the second point, DHS indicates that the proposed revisions would eliminate the "claim federal funding" phrase in paragraphs 1 and 2, but s. 49.45(52)(b)3 would still refer to the Department using a CPE to claim federal funds and paragraph 4 could reference back to 3.

Please let me know what you think and if you would like additional clarification, etc.

Thanks.

**Marta Skwarczek**

Health Services and Insurance Team  
Executive Policy and Budget Analyst  
608-267-7980

---

**From:** Dodge, Tamara [mailto:Tamara.Dodge@legis.wisconsin.gov]

**Sent:** Monday, November 29, 2010 3:24 PM

**To:** Skwarczek, Marta A - DOA

**Subject:** RE: BB0001

12/2/2010

I have a question about the DHS response to one of my questions on BB0001, LRB0174/P1

Here is their response.

b) S. 49.45(52)(b)4. doesn't quite achieve our intent. We ask to revise it to read: "The department shall pay counties, on an aggregate basis, a percentage of the federal funds claimed under this paragraph as established in the most recent biennial budget."

My draft language read, "The department shall pay counties, on a statewide basis, under an allocation method established by the department, a percentage of the claims based on the percentage of the federal share as established in the most recent biennial budget."

I don't understand how the language from DHS achieves a different intent than my language. What is the intent of this provision? My understanding is that the counties would be paid approx. 60% (or whatever the FMAP is) of their claim of costs in the certified cost report from federal funds. Does that mean that the county only receives approx. 60% of their costs or does the county receive the federal share plus a state share? If possible, I would like more information about how this WIMCR program works now and how the funding would work after this change.

There is an additional issue with the DHS language suggested for s. 49.45 (52) (b) 4. In another comment on the draft, DHS did not like the "claim federal funding" language and suggested different language. I don't see a problem with the language DHS suggested, but then I do not want to use "federal funds claimed" language in other provisions because that phrase won't refer back to anything. I will have to use alternate language for that portion of the provision once I draft it.

Thanks,  
Tami

### **Tamara J. Dodge**

Attorney  
Wisconsin Legislative Reference Bureau  
P.O. Box 2037  
Madison, WI 53701-2037  
(608) 267 - 7380  
tamara.dodge@legis.wisconsin.gov

---

**From:** Skwarczek, Marta A - DOA [mailto:Marta.Skwarczek@Wisconsin.gov]  
**Sent:** Wednesday, November 03, 2010 4:24 PM  
**To:** Dodge, Tamara  
**Subject:** BB0001

Tami,  
These are the responses I have received from DHS regarding your drafter's notes for BB0001, LRB-0174/P1.

Section 1 Drafter's Note: The changes are consistent with our intent.

Section 3 Drafter's Note: In the Department's drafting instructions, we had asked for this paragraph to be deleted. We would still like to delete it, and making the deletion effective with the bill passage is fine. However, I have since learned that the Madison health department continues to submit WIMCR cost reports, and we share a portion of the WIMCR federal funds with them. Could you add language under the newly created s. 49.45(52)(b) to say that local health departments that submitted cost reports for WIMCR services prior to June 30, 2011, may continue to submit certified cost reports and the Department may pay them a percentage of the federal funds claimed under this paragraph as established in the most recent biennial budget.

Section 5 Drafter's Note: The changes are consistent with our intent.

Section 6:

a) We aren't comfortable with the new language under s.49.45(52)(b)1 because the Department already has

12/2/2010

authority under ss. 49.45 and 49.46 to claim federal Medicaid funding, and we don't want to inadvertently create a negative inference with a reference to federal claiming for specific services. Instead, we recommend combining 1. and 2. to say: "A county shall submit on an annual basis a certified cost report that meets federal requirements for covered services under s. 49.46(2)(a)2. and 4.d. and f. and (b)6.b.,c.,f.,fm.,g.,j.,k.,L.,Lm.,and m., 9., 12.,12m., 13., 15., and 16., except for services specified under s. 49.46(2)(b)6.b. and c. provided to children participating in the early intervention program under s. 51.44." Please note, I intentionally omitted the phrase, "that are provided after December 31, 2011." Counties are currently submitting cost reports under the current claiming and payment system; we don't want to suggest to them that they should discontinue cost reporting prior to 2012.

b) S. 49.45(52)(b)4. doesn't quite achieve our intent. We ask to revise it to read: "The department shall pay counties, on an aggregate basis, a percentage of the federal funds claimed under this paragraph as established in the most recent biennial budget."

Please let me know if you have any questions or would like additional information.

Thanks,

**Marta Skwarczek**

Wisconsin Department of Administration  
Division of Executive Budget and Finance  
Health Services and Insurance Team  
Executive Policy and Budget Analyst  
608-267-7980

**DRAFTER'S NOTE  
FROM THE  
LEGISLATIVE REFERENCE BUREAU**

LRB-0174/P2dn  
TJD:wljjf

December 7, 2010

To Marta Skwarczek:

Please review this preliminary draft to ensure it complies with the intent of the request. You may want to have DHS review the new s. 49.45 (52) (b) language to ensure that it is correct and that it is effective in accomplishing the change to the WIMCR procedure.

Tamara J. Dodge  
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**Dodge, Tamara**

---

**From:** Skwarczek, Marta A - DOA [Marta.Skwarczek@Wisconsin.gov]**Sent:** Saturday, December 18, 2010 7:49 PM**To:** Dodge, Tamara**Subject:** RE: BB0001 WIMCR

Tami,

I spoke too soon. DHS wants one more change: in Section 6 of the draft, add the following phrase to the end of s.49.45(52)(b)2.: "..., to the extent the reports comply with federal requirements."

Thanks.

**Marta Skwarczek**

Health Services and Insurance Team

Executive Policy and Budget Analyst

608-267-7980

---

**From:** Skwarczek, Marta A - DOA**Sent:** Saturday, December 18, 2010 2:13 PM**To:** Dodge, Tamara - LEGIS**Subject:** RE: BB0001 WIMCR

Tami,

Regarding LRB-0174/P2, the only change I have is under s. 49.45(52)(b) 2 and 3. I think December 30 should be changed to December 31. DHS looked at the draft and did not have any changes.

Thanks.

**Marta Skwarczek**

Health Services and Insurance Team

Executive Policy and Budget Analyst

608-267-7980

---

**From:** Skwarczek, Marta A - DOA**Sent:** Thursday, December 02, 2010 3:48 PM**To:** Dodge, Tamara - LEGIS**Subject:** RE: BB0001

Tami,

Regarding s. 49.45(52)(b)4, DHS has a couple of concerns about the original draft. First, draft uses the phrase "...shall pay counties...a percentage of the claims..." DHS is technically not paying counties a percentage of the claims, but rather a portion of the federal revenue received as the result of the statewide WIMCR certified public expenditure claim. Second, DHS thinks it may be confusing to use both "percentage of the claims" and "percentage of the federal share" in the same sentence and is concerned that the portion of federal funding DHS shares with counties may be confused with the FMAP.

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12/20/2010

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DHS's proposal is to eliminate the supplemental Medicaid payment and the Community Aids adjustments, and just send counties a portion of the \$33 million claimed through the CPE.

Regarding the second point, DHS indicates that the proposed revisions would eliminate the "claim federal funding" phrase in paragraphs 1 and 2, but s. 49.45(52)(b)3 would still refer to the Department using a CPE to claim federal funds and paragraph 4 could reference back to 3.

Please let me know what you think and if you would like additional clarification, etc.

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Here is their response.

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Thanks,  
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**Tamara J. Dodge**

12/20/2010



Attorney  
Wisconsin Legislative Reference Bureau  
P.O. Box 2037  
Madison, WI 53701-2037  
(608) 267 - 7380  
tamara.dodge@legis.wisconsin.gov

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**To:** Dodge, Tamara  
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Section 5 Drafter's Note: The changes are consistent with our intent.

Section 6:

a) We aren't comfortable with the new language under s.49.45(52)(b)1 because the Department already has authority under ss. 49.45 and 49.46 to claim federal Medicaid funding, and we don't want to inadvertently create a negative inference with a reference to federal claiming for specific services. Instead, we recommend combining 1. and 2. to say: "A county shall submit on an annual basis a certified cost report that meets federal requirements for covered services under s. 49.46(2)(a)2. and 4.d. and f. and (b)6.b.,c.,f.,fm.,g.,j.,k.,L.,Lm.,and m., 9., 12.,12m., 13., 15., and 16., except for services specified under s. 49.46(2)(b)6.b. and c. provided to children participating in the early intervention program under s. 51.44." Please note, I intentionally omitted the phrase, "that are provided after December 31, 2011." Counties are currently submitting cost reports under the current claiming and payment system; we don't want to suggest to them that they should discontinue cost reporting prior to 2012.

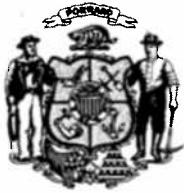
b) S. 49.45(52)(b)4. doesn't quite achieve our intent. We ask to revise it to read: "The department shall pay counties, on an aggregate basis, a percentage of the federal funds claimed under this paragraph as established in the most recent biennial budget."

Please let me know if you have any questions or would like additional information.

Thanks,

**Marta Skwarczek**  
Wisconsin Department of Administration  
Division of Executive Budget and Finance  
Health Services and Insurance Team  
Executive Policy and Budget Analyst  
608-267-7980

12/20/2010



State of Wisconsin  
2011 - 2012 LEGISLATURE



LRB-0174/P2

TJD:wlj:rs

In: 12/29/10

stays RMR

DOA:.....Skwarczek, BB0001 - Claim federal funding for certain services and make reimbursements to counties; sunset certain payments; repeal payments to cities

**FOR 2011-13 BUDGET -- NOT READY FOR INTRODUCTION**

1 AN ACT *Do Not Gen* relating to: the budget.

*Analysis by the Legislative Reference Bureau*

**HEALTH AND HUMAN SERVICES**

**MEDICAL ASSISTANCE**

*Insert Analysis* This is a preliminary draft. An analysis will be provided in a subsequent version of this draft.

*The people of the state of Wisconsin, represented in senate and assembly, do enact as follows:*

2 SECTION 1. 20.435 (7) (b) of the statutes is amended to read:

3 20.435 (7) (b) *Community aids and Medical Assistance payments.* The  
4 amounts in the schedule for human services under s. 46.40, to fund services provided  
5 by resource centers under s. 46.283 (5), for services under the family care benefit  
6 under s. 46.284 (5), for Medical Assistance payment adjustments under s. 49.45 (52)

1 (a) for services described in s. 49.45 (52) (a) that are provided before January 1, 2012,  
2 and for Medical Assistance payments under s. 49.45 ~~(6tw)~~ and (53) for services  
3 described in s. 49.45 (53) that are provided before January 1, 2012. Social services  
4 disbursements under s. 46.03 (20) (b) may be made from this appropriation. Refunds  
5 received relating to payments made under s. 46.03 (20) (b) for the provision of  
6 services for which moneys are appropriated under this paragraph shall be returned  
7 to this appropriation. Notwithstanding ss. 20.001 (3) (a) and 20.002 (1), the  
8 department of health services may transfer funds between fiscal years under this  
9 paragraph. The department shall deposit into this appropriation funds it recovers  
10 under ss. 46.495 (2) (b) and 51.423 (15), from prior year audit adjustments including  
11 those resulting from audits of services under s. 46.26, 1993 stats., or s. 46.27. Except  
12 for amounts authorized to be carried forward under s. 46.45, all funds recovered  
13 under ss. 46.495 (2) (b) and 51.423 (15) and all funds allocated under s. 46.40 and not  
14 spent or encumbered by December 31 of each year shall lapse to the general fund on  
15 the succeeding January 1 unless carried forward to the next calendar year by the  
16 joint committee on finance.

17 **SECTION 2.** 46.40 (9) (d) of the statutes is amended to read:

18 46.40 (9) (d) *Payment adjustments for certain Medical Assistance services.* The  
19 department may decrease a county's allocation under sub. (2) by the amount of any  
20 payment adjustments under s. 49.45 (52) (a) made for that county from the  
21 appropriation account under s. 20.435 (7) (b) for services described under s. 49.45 (52)  
22 (a) that are provided before January 1, 2012. The total amount of the decrease for  
23 a county under this paragraph during any fiscal year may not exceed that part of the  
24 county's allocation under sub. (2) that derives from the appropriation account under  
25 s. 20.435 (7) (b) for that fiscal year.

1       **SECTION 3.** 49.45 (6tw) of the statutes is repealed.

2       **SECTION 4.** 49.45 (52) (title) of the statutes is amended to read:

3       49.45 **(52)** (title) PAYMENT ADJUSTMENTS; FEDERAL FUNDING FOR CERTAIN SERVICES.

4       **SECTION 5.** 49.45 (52) of the statutes is renumbered 49.45 (52) (a) and amended  
5 to read:

6       49.45 **(52)** (a) Beginning on January 1, 2003, the department may, from the  
7 appropriation account under s. 20.435 (7) (b), make Medical Assistance payment  
8 adjustments to county departments under s. 46.215, 46.22, 46.23, or 51.42, or 51.437  
9 or to local health departments, as defined in s. 250.01 (4), as appropriate, for covered  
10 services under s. 49.46 (2) (a) 2. and 4. d. and f. and (b) 6. b., c., f., fm., g., j., k., L.,  
11 Lm., and m., 9., 12., 12m., 13., 15., and 16., except for services specified under s. 49.46  
12 (2) (b) 6. b. and c. provided to children participating in the early intervention program  
13 under s. 51.44, that are provided before January 1, 2012. Payment adjustments  
14 under this subsection paragraph shall include the state share of the payments. The  
15 total of any payment adjustments under this subsection paragraph and Medical  
16 Assistance payments made from appropriation accounts under s. 20.435 (4) (b), (o),  
17 and (w), may not exceed applicable limitations on payments under 42 USC 1396a (a)  
18 (30) (A).

19       **SECTION 6.** 49.45 (52) (b) of the statutes is created to read:

20       49.45 **(52)** (b) 1. Annually, a county shall submit a certified cost report that  
21 meets the requirements of the federal department of health and human services for  
22 covered services under s. 49.46 (2) (a) 2. and 4. d. and f. and (b) 6. b., c., f., fm., g., j.,  
23 k., L., Lm., and m., 9., 12., 12m., 13., 15., and 16., except for services specified under  
24 s. 49.46 (2) (b) 6. b. and c. provided to children participating in the early intervention  
25 program under s. 51.44, that are provided after December 31, 2011.

to the extent the reports comply with  
federal requirements

31

1 2. For services described under subd. 1. that are provided after December 30,

2 2011, the department shall base the amount of a claim for federal medical assistance

3 funds on the certified cost reports submitted by ~~a county~~ <sup>counties</sup> under subd. 1.

4 3. The department shall pay counties a percentage of the federal funds claimed

5 under subd. 2. for services described under subd. 1. that are provided after December

6 30, 2011, which percentage is established in the most recent biennial budget.

7 4. A local health department that submits certified cost reports for services

8 described under subd. 1. that are provided before July 1, 2011, may continue to

9 submit certified cost reports for services that are provided on or after July 1, 2011.

10 The department may pay a ~~county~~ <sup>local health department</sup> that submits a certified cost report for services

11 that are provided before January 1, 2012, a percentage of the federal funds claimed

12 for those services, which percentage is established in the most recent biennial

13 budget.

14 SECTION 7. 49.45 (53) of the statutes is amended to read:

15 49.45 (53) PAYMENTS FOR CERTAIN SERVICES. Beginning on January 1, 2003, the

16 department may, from the appropriation account under s. 20.435 (7) (b), make

17 Medical Assistance payments to providers for covered services under ss. 49.46 (2) (a)

18 4. d. and (b) 6. j. and m. and 49.471 (11) (f) that are provided before January 1, 2012.

19 (END)

**2011-2012 DRAFTING INSERT**  
**FROM THE**  
**LEGISLATIVE REFERENCE BUREAU**

LRB-0174/lins  
TJD:.....

1

**INSERT ANALYSIS**

*who have* Under current law, DHS administers the Medical Assistance (MA) program, which is a jointly funded federal and state program that provides health services to individuals ~~who~~ limited resources. Early and periodic screenings and subsequent treatment for individuals under 21 years of age; home health services prescribed by a physician; services and supplies prescribed by a physician for family planning; physical and occupational therapy; speech, hearing and language disorder services; medical day treatment services, mental health services, and alcohol and other drug abuse services; nursing services; personal care services; mental health and psychosocial rehabilitative services provided by certain staff; respiratory care services for ventilator-dependent individuals; case management services; care coordination for women with high-risk pregnancies; prenatal, postpartum, and young child care coordination; care coordination and follow-up for persons having lead poisoning or lead exposure; mental health crisis intervention services; and case management services for recipients with high-cost chronic health conditions or high-cost catastrophic health conditions (covered services) are among services that are covered under the MA program. Currently DHS may make MA payment adjustments to a county for covered services. DHS then may decrease a county's allocation of community aids moneys by the amount of MA payment adjustments paid from general purpose revenue by DHS. This bill discontinues the MA payment adjustments for covered services provided on and after January 1, 2012. Also, the bill specifies that a county will not receive a reduction in community aids based on the MA payment adjustments. \*

The bill requires counties to submit, annually, <sup>g</sup> a certified cost report <sup>s</sup> to DHS for covered services provided on or after January 1, 2012. DHS must base the amount of a claim for federal MA funds on the certified cost reports the counties submit. For those covered services provided on and after January 1, 2012, DHS must pay counties a percentage, as established in the state's most recent biennial budget, of the federal funds claimed. Under the bill, those local health departments that submit certified cost reports for covered services provided before July 1, 2011, may continue to submit certified cost reports for services provided on or after July 1, 2011. DHS may pay a local health department a percentage of the federal funds claimed for those covered services provided before January 1, 2012.

Currently, DHS may make payments to certain city health departments for MA services. This bill eliminates the authority for DHS to make payments for MA services to certain city health departments.

Under current law, DHS may make MA payments to providers of home health services prescribed by a physician, personal care services, respiratory care services for ventilator-dependent individuals, and home health services under the BadgerCare Plus Benchmark plan from a certain general purpose revenue appropriation account. This bill eliminates the authority for DHS to pay providers

from that appropriation account for those services provided on or after January 1, 2012.

1

(END)

**Dodge, Tamara**

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**From:** Skwarczek, Marta A - DOA [Marta.Skwarczek@Wisconsin.gov]

**Sent:** Wednesday, January 26, 2011 3:46 PM

**To:** Dodge, Tamara

**Subject:** LRB-0174/1 WIMCR

Tami,

We need changes to this draft so that DHS has the ability to make MA payment adjustments to counties for covered services using the current method of adjusting community aids and the new certified public expenditure method created by this draft. Basically, we need both ways of claiming funds to exist in statute and specify that DHS may do either one.

Thanks.

**Marta Skwarczek**

Wisconsin Department of Administration  
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Health Services and Insurance Team  
Executive Policy and Budget Analyst  
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1/26/2011